



NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: 01/01/2025

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE NOTICE BELOW CAREFULLY.

Magnolia Hearing is required by law to maintain the privacy of your **Protected Health Information (PHI)**. MAGNOLIA HEARING may get PHI from you when you visit one of our clinics by creating a record of care and services you receive. PHI may include your name, address, birth date, phone number, Social Security number, and medical information. This information is part of your medical record that MAGNOLIA HEARING stores and files on a computer. MAGNOLIA HEARING is required by law to give you this Notice of Privacy Practices (Notice) which describes its legal duties and privacy practices regarding your PHI.

How MAGNOLIA HEARING May Use or Disclose Your Protected Health Information

MAGNOLIA HEARING may use or share your PHI for many different reasons including to provide you with quality and comprehensive care and to comply with state and federal requirements. In order to carry these tasks out, MAGNOLIA HEARING may contract with others outside the agency for services. When this is done, the law and MAGNOLIA HEARING require that company, called a “business associate”, to follow the law just like MAGNOLIA HEARING does and to keep all of your PHI safe and private.

MAGNOLIA HEARING may use or disclose your PHI for the following purposes:

1. **Treatment.** MAGNOLIA HEARING may use or share PHI about you to provide you with health care treatment or services. MAGNOLIA HEARING may share PHI about you from one health department clinic to another, to physicians, nurses, technicians, health students, or other personnel who are involved in your care to make sure you get the care you need. For example, a MAGNOLIA HEARING patient may receive prenatal care at a local health department and then deliver at an area hospital. The patient’s medical record would be sent to the appropriate hospital before delivery to assure the best medical outcome for both the mother and child.
2. **Payment.** MAGNOLIA HEARING may use or share PHI about you to obtain payment for services that we provide you. For example, MAGNOLIA HEARING may share your PHI to claim and obtain payment from your health insurer or another company that arranges or pays the cost of some or all of your health care to verify

that your Payor will pay for your health care. If you are not the policy holder, note that certain information may be disclosed to the policy holder by the insurance carrier.

3. **Health care operations.** MAGNOLIA HEARING may use or share PHI about you for our own health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of care that we deliver to you. For example, we may use your PHI to evaluate the quality and competence of our physicians, nurses, and other health care workers. We may share your PHI with our administrative staff to conduct medical reviews, needs assessment, and to check the quality control of services available.

4. **Notification and communication with family.** MAGNOLIA HEARING may use or share your PHI to tell a family member, your personal representative, or another person responsible for your care about where you are, your general condition, or if you die. If you are able and can agree or object, MAGNOLIA HEARING will give you a chance to object prior to making this notification. If you are unable or cannot agree or object or it is an emergency or disaster relief situation, MAGNOLIA HEARING will use its best judgment in telling your family and others. If you are deceased, MAGNOLIA HEARING may disclose to a family member, a personal representative, or another person who was involved in your care or payment for health care prior to your death, your PHI that is relevant to such person's involvement, unless doing so is inconsistent with any of your prior expressed preferences that are known to MAGNOLIA HEARING.

5. **Required by law.** MAGNOLIA HEARING may use or share your PHI when required by federal, state, and local laws, or by court order.

6. **Public health activities.** When required or permitted by law, MAGNOLIA HEARING may use or share your PHI for public health activities, such as: preventing or controlling communicable disease, injury, or disability; reporting births and deaths; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

7. **Health oversight activities.** MAGNOLIA HEARING may use or share your PHI with health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

8. **Judicial and administrative proceedings.** MAGNOLIA HEARING may use or share your PHI in the course of any administrative or judicial proceeding under certain circumstances such as in response to orders or subpoenas.

9. **Law enforcement and government authorities.** MAGNOLIA HEARING may use or share your PHI with a law enforcement official or government authority for purposes such as: identifying or locating a suspect, fugitive, material witness, or missing person; complying with a court order, subpoena, or similar process; reporting suspicious wounds, burns, or physical injuries; reporting child abuse, neglect, or domestic violence; and relating to the victim of a crime.

10. **Deceased person information.** MAGNOLIA HEARING may use or share your PHI with coroners, medical examiners, and funeral directors as necessary to carry out their duties.

11. **Organ, eye, or tissue donation.** MAGNOLIA HEARING may use or share your PHI with organizations involved in procuring, banking, or transplanting organs, eyes, or tissues.

12. **Research.** MAGNOLIA HEARING may use or share your PHI with researchers doing research that has been approved by MAGNOLIA HEARING.

13. **Public safety.** MAGNOLIA HEARING may use or share your PHI with appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

14. **Specialized government functions.** MAGNOLIA HEARING may use or share your PHI for military, national security, correctional institution, government benefits, and other specialized government purposes.
15. **Worker's compensation.** MAGNOLIA HEARING may use or share your PHI as necessary to comply with worker's compensation laws.
16. **Appointment Reminders and health-related benefits.** MAGNOLIA HEARING may use your PHI to provide appointment reminders or give you information about test results or treatment alternatives. Please let us know if you do not wish to have us contact you for this purpose or if you wish us to use a different address or means to contact you for this purpose.
17. **Immunization information only.** MAGNOLIA HEARING may share PHI for immunization purposes only to the patient, parent, legal custodian/guardian, other provider (private or public), the patient's school or the patient's day care facility.
18. **Health Information Exchanges.** MAGNOLIA HEARING may make your health information available electronically to other health care providers or other health care entities, such as your health plan or health insurer, for treatment, health care operations, or payment purposes, as permitted by law, through Health Information Exchanges (HIEs) in which MAGNOLIA HEARING participates. For example, information about your past medical care and current medical conditions and medications can be available to MAGNOLIA HEARING or to your non-MAGNOLIA HEARING primary care physician or hospital, if they participate in the HIE as well. HIEs enable your healthcare providers to quickly and securely share your health information electronically among a network of healthcare providers who have a valid reason to access your information. This allows for faster access to health information, better coordination of care, and assist providers and public health officials in making more informed decisions regarding your care.

When MAGNOLIA HEARING May Not Use or Disclose Your Health Information

Most uses or disclosures of **psychotherapy notes**, uses or disclosures of PHI for **marketing purposes**, and disclosures that constitute the **sale of PHI** require your written authorization.

Except for those purposes described in this Notice, MAGNOLIA HEARING will not use or share your PHI without your written authorization. If you do authorize MAGNOLIA HEARING to use or share your PHI in other ways not described in this Notice, you may take back your authorization in writing at any time. However, this revocation of your authorization will not be effective for PHI that MAGNOLIA HEARING has used or shared before you took back your authorization.

MAGNOLIA HEARING is required by law to notify you if there is a breach of your unsecured PHI.

Patient Rights and Responsibilities

1. **You have the right to ask for restrictions and/or authorizations for certain uses and disclosures of your PHI.** For example, you may request that any part of your PHI not be disclosed to your family members or others who may be involved in your care. MAGNOLIA HEARING does not have to agree to the restriction(s) that you ask for unless it involves communication with a health plan for services you have paid for out-of-pocket in full.
2. **You have the right to have MAGNOLIA HEARING contact you confidentially in a certain way or at a certain location.** For example, you have the right to request that we send information to you at an alternate address or by alternative means. MAGNOLIA HEARING will grant your request if it is reasonable and you believe it is needed for your safety. You will be told in advance of any fees or charges for this process.

3. **You have the right to inspect and obtain a copy of your PHI.** MAGNOLIA HEARING may deny this request under federal law in the following situations: requests for psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to federal and/or state law that prohibits access. In addition, state and federal laws protect portions of a minor's medical record and we will not make those portions available to the parent or legal guardian.

If the request is granted, there may be fees or charges assessed. MAGNOLIA HEARING will make every effort to minimize the cost to the patient.

4. **You have the right to ask MAGNOLIA HEARING to change PHI in your record that you believe is not correct or not complete.** If you believe there is a mistake or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and the reason for the request in writing. We will respond within sixty (60) days of receiving your request. We may deny your request in writing if the PHI (a) is correct and complete, (b) was not created by us, (c) is not allowed to be disclosed, or (d) is not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to ask that your original request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the changes to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.

5. **You have the right to get a list of disclosures of your PHI made by MAGNOLIA HEARING,** except that MAGNOLIA HEARING does not have to include disclosures for certain purposes, including: treatment, payment, health care operations, information provided to you, certain government functions, and certain other limited purposes.

6. **You have the right to request a paper copy of this Notice.** You may also obtain a copy of this Notice on the MAGNOLIA HEARING website at www.magnolia-hearing.com.

Changes to this Notice of Privacy Practices

MAGNOLIA HEARING reserves the right to change this Notice at any time in the future, and to make the new provisions effective for all information that is kept on file, including information that was created or received prior to the date of such change. Until such change is made, MAGNOLIA HEARING must comply with this notice. If we change this Notice, we will post the new notice in waiting areas and on our internet site at www.magnolia-hearing.com and have copies available upon your request.

Privacy Concerns and Complaints

If you believe your privacy rights have been violated or have concerns about the way your information is handled, please let us know. Magnolia Hearing takes your privacy seriously and is committed to addressing your concerns promptly and thoroughly.

You may contact us at: contact@magnolia-hearing.com

We encourage you to share any concerns so we can work together to resolve them. Please note that you also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your rights under HIPAA have been violated.

There will be no retaliation for filing a complaint with us or with the U.S. Department of Health and Human Services.

PENALTY WARNING:

A Social Security Number (SSN) must be provided or applied for each person for whom assistance is requested. SSNs will be verified and used for Federal and State data matches, including but not limited to Social Security and program disqualifications. State and Federal laws provide for fines, imprisonment, or both for any person guilty of obtaining assistance to which he/she is not entitled by willfully withholding or giving false information. Information may be verified through collateral contact when discrepancies are found.

Magnolia Hearing

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

By signing below, I acknowledge that I have received a Notice of Privacy Practices for Protected Health Information from Magnolia Hearing.

Name of Patient (Please Print): _____

Name of Personal Representative (if signing for patient) (Please Print): _____

Signature: _____ Date: _____

Patient

Parent or Guardian of Minor Patients

Other (If not signed by the Parent or Guardian of a minor patient, please indicate your relationship to the Patient and provide any required documentation confirming your authority to act for the Patient)

FOR PROVIDER TO COMPLETE ONLY IF PATIENT REFUSES TO SIGN ACKNOWLEDGEMENT:

A good faith effort was made by _____ (provider name) to obtain written Acknowledgement of Receipt of the Notice of Privacy Practices from _____ (patient name), but he/she (or their representative or guardian) refused to sign such an acknowledgement for the following reason(s):

Name of Provider Representative (Please Print): _____

Signature: _____ Date: _____